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Docket No. (Optional)

In re Application of Chaim M. Roifman Application Number 09/600,358 September 25, 2000 For: HUMAN LYMPHOID PROTEIN TYROSINE PHOSPHATASES Group Art Unit 1635 Examiner B. Whiteman This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) X Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4)) Five months (37 CFR 1.17(a)(5)) X Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460.00 A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached.		LYMF-P01-003	66(a)	₹ 1.136(———	R 37 CF	OF TIME UNDE	PETITION FOR EXTENSION
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The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. TECH CENTER 1600 TECH CENTER 1600 Registration number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Signature	2002	RECEIV DEC 1 2 2 TECH CENTER 16	1. PTO/SB/96) T 44,735	ich may b 345 FR 3.71. (Form PT	ony fees wh 18-19 . See 37 C enclosed.	PTO-2038 is attached been authorized to Account. uthorized to charge account Number by of this sheet. of the entire interester 37 CFR 3.73(b) is frecord.	Payment by credit card. Form X The Commissioner has already in this application to a Deposit A X The Commissioner is hereby at any overpayment, to Deposit A I have enclosed a duplicate copt I am the applicant/inventor. assignee of record Statement under attorney or agent of attorney or agent of attorney or agent of Registration number December 3, 2002
David P. Halstead, Ph.D. Typed or Printed Name		ted Name	ped or Printe	Туре			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple form if more than one signature is required, see below	forms	e required. Submit multiple fo	esentative(s) are r	neir represei	re interest or ti	gnees of record of the ent low	NOTE: Signatures of all the inventors or assi if more than one signature is required, see be
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below. Dated: December 3, 2002 (Brent LaBarge)

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PTO/SB/17 (10-02)

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Patent fees are subject to annual revision.		_	t Name		entor		M. Roifman	
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I hereby certify that this corresponder an envelope addressed to: Commiss	te is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in oner for Patents, Washington, DC 20231 on the date shown below
Dated: December 3, 2002	Signature: (Brent LaBarge)